



## UTILITIES AND TRANSPORTATION COMMISSION

## SUPPLEMENTAL SINGLE STATE FOR 20

Washington Utilities and Transportation Commission

1300 South Evergreen Park Drive SW

P.O. Box 47250

Olympia, WA 98504-7250

**PHONE** 360-664-1222 **FAX** 360-586-1181

**TTY 360-586-8203 or 1-800-562-6150**

[www.wutc.wa.gov/singlestate](http://www.wutc.wa.gov/singlestate)

E-mail: [transportation@wutc.wa.gov](mailto:transportation@wutc.wa.gov)



**GET YOUR REGISTRATION RECEIPT VIA E-MAIL** by filing on-line at: [www.wutc.wa.gov/singlestate](http://www.wutc.wa.gov/singlestate)

**Note: Filing on-line requires a credit card payment.**

A supplemental application is required to add additional vehicles and/or states of travel during the year.

INSTRUCTIONS:

1. Complete the application. Carrier name must be identical to the name on the certificate issued by the FMCSA..
2. Fees must accompany the application. Payment options include check, money order, and credit card. To pay by cash, please visit our office Monday through Friday from 8:00 a.m. to 4:30 p.m. **Please do not send cash in the mail.**
3. Copies of the original receipt must be carried in each vehicle for which fees have been paid. The original receipt must be kept by the motor carrier at its principal place of business for three years.

<b>CARRIER INFORMATION</b>															
<b>MC* No.:</b>								<b>US DOT No.:</b>							
Carrier Name: _____								Fax #: _____							
d/b/a: _____								Receive receipt by: <input type="checkbox"/> E-mail <input type="checkbox"/> First Class Mail							
Telephone #: _____								E-mail: _____							
<b><u>Principal Place of Business Address</u></b>								<b><u>Mailing Address</u></b> (If different from Business Address)							
Street: _____								Street/PO Box: _____							
City: _____								City: _____							
State/Zip: _____								State/Zip: _____							
<b>CERTIFICATION</b>															
I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.															
Name (Printed) _____								Title _____							
Signature _____								Date _____							
<b>CREDIT CARD PAYMENT INFORMATION</b>															
<input type="checkbox"/> Money Order <input type="checkbox"/> Check <input type="checkbox"/> Discover												<i>For Commission Use Only</i> Payment ID #: _____ Amount Paid: _____			
<input type="checkbox"/> American Express <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa															
Credit Card Number: _____															
Expiration Date Month / Year															
<b>Cardholder's Signature</b> _____												<b>Date</b> _____			

<b>Carrier Name:</b>					<b>MC #:</b>
<b>Principal State/Place of Business:</b>					
STATES IN WHICH YOU WILL TRAVEL	NUMBER OF VEHICLES	PROPERTY	PASSENGER CHARTER	PASSENGER REGULAR RTE	TOTAL (multiply the # of vehicles times the fee)
Alabama (AL)		\$6.00	\$6.00	\$6.00	
Arkansas (AR)		\$5.00	\$5.00	\$5.00	
California (CA)		\$5.00	\$5.00	\$5.00	
Colorado (CO)		\$5.00	\$5.00	\$5.00	
Connecticut (CT)		\$10.00	0	0	
Georgia (GA)		\$5.00	\$5.00	\$5.00	
Idaho (ID)		\$2.00	\$2.00	\$2.00	
Illinois (IL)		\$7.00	\$7.00	\$7.00	
Indiana (IN)		\$10.00	\$10.00	\$10.00	
Iowa (IA)		\$1.00	\$1.00	\$1.00	
Kansas (KS)		\$10.00	\$10.00	\$10.00	
Kentucky (KY)		\$10.00	\$10.00	\$10.00	
Louisiana (LA)		\$10.00	0	\$10.00	
Maine (ME)		\$8.00	0	0	
Massachusetts (MA)		\$10.00	0	0	
Michigan (MI) based in OR or AB*		* 0	* 0	* 0	*
Michigan (MI) based in AK, WA or BC*		* \$10.00	* 0	* 0	*
Minnesota (MN) based in AK, OR, WA or BC*		* \$5.45	* \$5.45	* \$5.45	*
Minnesota (MN) based in AB*		* .45	* .45	* .45	*
Mississippi (MS)		\$10.00	\$10.00	\$10.00	
Missouri (MO)		\$10.00	\$10.00	\$10.00	
Montana (MT)		\$5.00	\$5.00	\$5.00	
Nebraska (NE)		\$3.50	0	0	
New Hampshire (NH)		\$10.00	\$10.00	\$10.00	
New Mexico (NM)		\$10.00	\$10.00	\$10.00	
New York (NY)		\$10.00	\$10.00	\$10.00	
North Carolina (NC)		\$1.00	\$1.00	\$1.00	
North Dakota (ND)		\$10.00	\$10.00	\$10.00	
Ohio (OH)		\$5.00	0	0	
Oklahoma (OK)		\$7.00	\$7.00	\$7.00	
Rhode Island (RI)		\$8.00	\$8.00	\$8.00	
South Carolina (SC)		\$5.00	\$5.00	\$5.00	
South Dakota (SD)		\$5.00	\$5.00	\$5.00	
Tennessee (TN)		\$8.00	\$8.00	\$8.00	
Texas (TX)		\$10.00	\$10.00	\$10.00	
Utah (UT)		\$6.00	\$6.00	\$6.00	
Virginia (VA)		\$10.00	\$3.00	\$3.00	
Washington (WA)		\$10.00	\$10.00	0	
West Virginia (WV)		\$3.00	\$3.00	\$3.00	
Wisconsin (WI)		\$5.00	0	\$5.00	
*Fees vary based on principal place of business. States not listed do not participate in this program and must be contacted directly.		AMOUNT PAID			

<b>FOR COMMISSION USE ONLY</b>	
<input type="checkbox"/> Insurance <input type="checkbox"/> MC	Other state's share \$ _____
Entered into REG DB by: _____	<input type="checkbox"/> Over \$ _____ <input type="checkbox"/> Under \$ _____

